

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/01/2012

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155095		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 01/13/2012	
NAME OF PROVIDER OR SUPPLIER  HERITAGE PARK				STREET ADDRESS, CITY, STATE, ZIP CODE 2001 HOBSON RD FORT WAYNE, IN46805			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F0000	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: January 9, 10, 11, 12 &amp; 13, 2012</p> <p>Facility number: 000038 Provider number: 155095 AIM number: 100274830</p> <p>Survey team: Angela Strass RN TC Sue Brooker RD Rick Blain RN Diane Nilson, RN</p> <p>Census bed type: SNF/NF: 151 SNF: 29 Total: 180</p> <p>Census payor type: Medicare: 28 Medicaid: 95 Other: 45 Total: 180</p> <p>Stage 2 sample: 40</p> <p>These deficiencies also reflect state findings cited in accordance with 410 IAC 16.2.</p>			F0000	<p>The creation and submission of this Plan of Correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation. This provider respectfully requests that the 2567L Plan of Correction be considered the Letter of Credible Allegation. Based on past survey history and no harm identified to any resident; this facility respectfully requests a desk review in lieu of a post-survey revisit on or after February 10, 2012.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155095		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 01/13/2012	
NAME OF PROVIDER OR SUPPLIER  HERITAGE PARK				STREET ADDRESS, CITY, STATE, ZIP CODE 2001 HOBSON RD FORT WAYNE, IN46805			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F0253 SS=E	<p>Quality review completed 1/17/12 Cathy Emswiller RN</p> <p>The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior. Based on observation, interview, and record review, the facility failed to assure 4 grab bars over the toilet were firmly secured in 4 resident bathrooms in 4 of 9 resident hallways of the facility.</p> <p>Finding includes:</p> <p>1. During the environmental tour of the facility, beginning at 9:40 a.m. on 1/12/12, and accompanied by the Maintenance Supervisor, and the Maintenance Assistant, the following were observed:</p> <p>The grab bars over the toilets in the following resident rooms were observed to be loose and wobbly; Room 210 on the 200 unit; Room 602 on the 600 unit; Room 701 on the 700 unit; Room 800 on the 800 unit.</p>			F0253	<p>F253- HOUSEKEEPING &amp; MAINTENANCE SERVICES It is the practice of this provider to ensure housekeeping and maintenance services are provided as necessary to maintain a sanitary, orderly and comfortable interior. However, based on the alleged deficient practice the following has been implemented: What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice: Room 210 The grab bars have been tightened. Room 602 The grab bars have been tightened. Room 701 The grab bars have been tightened. Room 800 The grab bars have been tightened. How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken: No other residents were found to have been affected by the alleged deficient</p>		02/10/2012

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155095		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/13/2012	
NAME OF PROVIDER OR SUPPLIER  HERITAGE PARK				STREET ADDRESS, CITY, STATE, ZIP CODE 2001 HOBSON RD FORT WAYNE, IN46805			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
	<p>During interview at that time, the Maintenance Supervisor indicated no one had reported the loose grab bars over the toilets, and indicated they needed to be tightened.</p> <p>Review of the Daily Maintenance Policy, provided by the Administrator at 12:07 p.m. on 1/13/12, indicated as areas needing repair or attention were identified, they should be dealt with immediately. If that was not possible, the issue and the area and/or resident room number should be recorded for proper follow-up.</p> <p>3.1-18(a) 3.1-19(f)</p>			<p>practice. Residents living in the facility requiring the use of grab bars over their toilet have the potential to be affected. The Maintenance Department performed a whole house audit on 1/12/12 to ensure all bars were secure. Housekeeping and Maintenance staff has been re-educated on assessing stability of grab bars. Education includes but is not limited to housekeepers checking the stability of the bars daily during routine cleaning rounds and notifying the Maintenance Director of concerns. The Maintenance Department checks the bars monthly and provides documentation of rounds in the Preventative Maintenance Log. Education provided January 12-25, 2012 by the Maintenance Director. The Maintenance Director is responsible to ensure compliance. What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur: Residents living in the facility requiring the use of grab bars over their toilet have the potential to be affected. The Maintenance Department performed a whole house audit on 1/12/12 to ensure all bars were secure. Housekeeping and Maintenance staff has been re-educated on assessing stability of grab bars. Education includes but is not limited to housekeepers checking the</p>			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/01/2012

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155095	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 01/13/2012
NAME OF PROVIDER OR SUPPLIER  HERITAGE PARK			STREET ADDRESS, CITY, STATE, ZIP CODE 2001 HOBSON RD FORT WAYNE, IN46805		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
			<p>stability of the bars daily during routine cleaning rounds and notifying the Maintenance Director of concerns. The Maintenance Department checks the bars monthly and provides documentation of rounds in the Preventative Maintenance Log. Education provided January 12-25, 2012 by the Maintenance Director. The Maintenance Director is responsible to ensure compliance. How the corrective action(s) will be monitored to ensure the deficient practice will not recur: A CQI monitoring tool titled "Grab Bar Security" will be utilized every week x 4, monthly x 3 and quarterly thereafter for 6-months. Data will be submitted to the CQI committee. If 95% threshold is not met, an action plan will be developed. Non-compliance with facility procedure may result in disciplinary action up to and including termination. Completion Date: February 10, 2012</p>		

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/01/2012

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155095		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 01/13/2012	
NAME OF PROVIDER OR SUPPLIER  HERITAGE PARK				STREET ADDRESS, CITY, STATE, ZIP CODE 2001 HOBSON RD FORT WAYNE, IN46805			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F0431 SS=E	<p>The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.</p> <p>Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.</p> <p>In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>Based on observation, interview, and record review, the facility failed to ensure the temperature of 1 medication refrigerator was maintained between 36 and 46 degrees F (Fahrenheit) in a sample of 3 medication refrigerators observed with the potential to affect 7 of 7</p>			F0431	<p>F431 DRUG RECORDS, LABEL/STORE DRUGS &amp; BIOLOGICALS It is the practice of this provider to store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. However, based on the alleged deficient</p>		02/10/2012

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155095		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 01/13/2012	
NAME OF PROVIDER OR SUPPLIER  HERITAGE PARK				STREET ADDRESS, CITY, STATE, ZIP CODE 2001 HOBSON RD FORT WAYNE, IN46805			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
	<p>residents with medications stored in the refrigerator (Residents #6, #7, #83, #130, #174, #181, and #207).</p> <p><b>Findings include:</b></p> <p>During a tour of the facility's medication storage areas with LPN #2 on 1/11/2012 at 9:00 A.M., the thermometer in the medication refrigerator in the South Unit medication room indicated the temperature inside the refrigerator was 64 degrees F. LPN #2 obtained a new digital thermometer from Dietary Services and placed it into the refrigerator. At 9:45 A.M. the new thermometer indicated the temperature in the refrigerator was still 64 degrees F. During an interview with LPN #2 at that time, LPN #2 indicated the medication refrigerators were to be checked daily by nursing staff. LPN #2 also indicated the medications in the refrigerator would need to be discarded and a different refrigerator would be placed into the medication room.</p> <p>A temperature log for the medication refrigerator on the South Unit for January 2012 indicated the temperature was checked daily and</p>			<p>practice; the following has been implemented:What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:Resident #130 The medication was disposed of and a new medication was ordered/received.Resident #7 The medication was disposed of and a new medication was ordered/received.Resident #6 The medication was disposed of and a new medication was ordered/received.Resident #181 The medication was disposed of and a new medication was ordered/received.Resident #174 The medication was disposed of and a new medication was ordered/received.Resident #83 The medication was disposed of and a new medication was ordered/received.Resident #207 The medication was disposed of and a new medication was ordered/received.How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken:No other residents were found to have been affected by the alleged deficient practice.Residents requiring refrigerated medications have the potential to be affected by the alleged deficient practice.Licensed staff has been re-educated on the storage of refrigerated medication. Education includes but is not limited to licensed nurses</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155095	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 01/13/2012
NAME OF PROVIDER OR SUPPLIER  HERITAGE PARK			STREET ADDRESS, CITY, STATE, ZIP CODE 2001 HOBSON RD FORT WAYNE, IN46805		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
	<p>the temp was recorded as 40 degrees F each day except on 1/4/12 when the temperature was recorded as 38 degrees F. The log indicated the refrigerator temperature had not been checked on 1/10/12.</p> <p>The following medications were observed to be in the medication refrigerator on the South Unit on 1/11/2012 at 9:00 A.M.:</p> <p>Resident #130: One unopened vial of Novolog insulin (injectable medication used to treat diabetes). A label on the insulin indicated it was to be kept refrigerated.</p> <p>Resident #7: One unopened bottle of calcitonin nasal spray (medication used to treat osteoporosis). A label on the calcitonin indicated it was to be kept refrigerated.</p> <p>Resident #6: Two unopened bottles of lorazepam liquid sublingual drops (medication used to treat anxiety and to be placed under the tongue). A label on the lorazepam indicated it was to be kept refrigerated.</p> <p>Resident #181: One unopened vial of humalog insulin (injectable medication used to treat diabetes). A label on the insulin indicated it was to be kept</p>		<p>checking the temperature of the medication refrigerators daily, the appropriate temperature expectations and reporting concerns immediately to the Director of Nursing Services. The 3rd shift nurse checks the temperature of the medication refrigerator and documents the reading on the Temperature Flow Sheet nightly. Education provided January 12-25, 2012 by the Director of Nursing Services. The Licensed Unit Managers are responsible to ensure compliance. What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur: Licensed staff has been re-educated on the storage of refrigerated medication. Education includes but is not limited to licensed nurses checking the temperature of the medication refrigerators daily, the appropriate temperature expectations and reporting concerns immediately to the Director of Nursing Services. The 3rd shift nurse checks the temperature of the medication refrigerator and documents the reading on the Temperature Flow Sheet nightly. Education provided January 12-25, 2012 by the Director of Nursing Services. The Licensed Unit Managers are responsible to ensure compliance. How the corrective action(s) will be monitored to ensure the deficient practice will</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155095		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 01/13/2012	
NAME OF PROVIDER OR SUPPLIER  HERITAGE PARK				STREET ADDRESS, CITY, STATE, ZIP CODE 2001 HOBSON RD FORT WAYNE, IN46805			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>refrigerated.</p> <p>Resident #174: One unopened box of Forteo syringes (injectable medication used to treat osteoporosis). A label on the box indicated the Forteo syringes were to be kept refrigerated.</p> <p>Resident #83: One unopened box of Forteo syringes. A label on the box indicated the Forteo syringes were to be kept refrigerated.</p> <p>Resident #207: One unopened package of Risperdal Consta syringes (injectable medication used to treat psychiatric disorders). A label on the package indicated the Risperdal Consta syringes were to be kept refrigerated.</p> <p>The facility Director of Nursing furnished information on storing medications, which was obtained from the pharmacy, on 1/11/2012 at 11:00 A.M. The information indicated the Novolog insulin and humalog insulin were to kept refrigerated until opened. The information indicated the calcitonin nasal spray was to be kept refrigerated until opened. The information indicated the lorazepam sublingual drops were to be kept refrigerated. The information indicated the Forteo syringes and Risperdal</p>				<p>not recur: A CQI monitoring tool titled "Refrigerated Medication Storage" will be utilized every week x 4, monthly x 3 and quarterly thereafter for 6-months. Data will be submitted to the CQI committee. If 95% threshold is not met, an action plan will be developed. Non-compliance with facility procedure may result in disciplinary action up to and including termination. Completion Date: February 10, 2012.</p>		



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/01/2012

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155095		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 01/13/2012	
NAME OF PROVIDER OR SUPPLIER  HERITAGE PARK				STREET ADDRESS, CITY, STATE, ZIP CODE 2001 HOBSON RD FORT WAYNE, IN46805			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>Consta syringes were to be kept refrigerated.</p> <p>A policy entitled "Storage and Maintenance of Medications", with a revision date of 7/20/11, was provided by the Director of Nursing Services on 1/11/12 at 9:50 A.M. The policy indicated "The refrigerator must maintain a proper temperature of 36 - 46 degrees F...."</p> <p>3.1-25(m)</p>						